

CSD 1181 [12/01/23]

Name, Address, Telephone No. & I.D. No.

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UNITED STATES DEPARTMENT OF JUSTICE

Office of the United States Trustee

880 Front Street, Suite 3230

San Diego, California 92101

UNITED STATES BANKRUPTCY COURT

SOUTHERN DISTRICT OF CALIFORNIA

325 West F Street, San Diego, California 92101-6991

In Re

NARGES MIRIAM VAKILI

BANKRUPTCY NO. 24-04842-CL

Tax I.D.(EIN)#: ____/S.S.#:XXX-XX-____

Debtor(s)

NOTICE OF HEARING AND MOTION

TO THE DEBTOR, ALL CREDITORS AND OTHER PARTIES IN INTEREST:

You are hereby notified that on July 14, 2025, at 10:30 a.m., in Department 1, Room 218, of the Jacob Weinberger United States Courthouse, located at 325 West F Street, San Diego, California 92101-6017, there will be a hearing regarding the Motion of the United States Trustee, for [check the appropriate box]:

- ☐ Dismissal of a chapter 7, 11 or 12 case;
- ☐ Conversion of a chapter 7, 11 or 12 case by a party other than the debtor;
- ☐ Allowance of ☐interim ☐final compensation or reimbursement of expenses of professionals as provided in Exhibit "A" [information required by FRBP 2002(c)(2)];
- ☐ Appointment of a trustee in a chapter 11 case; or
- ☒ Other [specify the nature of the matter]:

UNITED STATES TRUSTEE'S MOTION TO ENLARGE TIME PERIODS TO FILE MOTION DISMISS CASE UNDER 11 U.S.C. § 707(b)(3) AND COMPLAINT TO DENY DISCHARGE UNDER 11 U.S.C. § 727 TO AUGUST 10, 2025

If not required to be attached, a set of the moving papers will be provided, upon request, by the undersigned or may be inspected at the office of the Clerk.

Any opposition or other response to the motion must be served upon the undersigned and the original of such papers with proof of service must be filed with the Clerk of the U.S. Bankruptcy Court at 325 West F St., San Diego, California, 92101-6017, **not later than fourteen (14)¹ days from the date of service.**

DATED: 6/10/2025

/s/ Elvina Rofael

[Attorney for] Moving Party

¹Depending on how you were served, you may have additional time for response. See FRBP 9006.

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CERTIFICATE OF SERVICE

I, the undersigned whose address appears below, certify:

That I am, and at all relevant times was, more than 18 years of age;

That on the _____ day of _____, I served a true copy of the within NOTICE OF MOTION AND HEARING on the following persons by the mode of service shown below:

1. To Be Served by the Court via Notice of Electronic Filing ("NEF"):

Under controlling Local Bankruptcy Rules(s) ("LBR"), the document(s) listed above will be served by the court via NEF and hyperlink to the document. On _____, I checked the CM/ECF docket for this bankruptcy case or adversary proceeding and determined that the following person(s) are on the Electronic Mail Notice List to receive NEF transmission at the e-mail address(es) indicated and/or as checked below:

☐ Attorney for Debtor (or Debtor), if required:

☐ Chapter 7 Trustee:

☐ For Chapter 7, 11, & 12 cases:
UNITED STATES TRUSTEE
ustp.region15@usdoj.gov

☐ For Chapter 13 cases:
MICHAEL KOCH, TRUSTEE
mkoch@ch13.sdcoxmail.com

2. Served by United States Mail:

On _____, I served the following person(s) and/or entity(ies) at the last known address(es) in this bankruptcy case or adversary proceeding by placing accurate copies in a sealed envelope in the United States Mail via 1) first class, postage prepaid or 2) certified mail with receipt number, addressed as follows:

☐ Attorney for Debtor (or Debtor), if required:

SEPARATE CERTIFICATE OF SERVICE TO BE FILED

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3. **Served by Personal Delivery, Facsimile Transmission, Overnight Delivery, or Electronic Mail:**

Under Fed.R.Civ.P.5 and controlling LBR, on _____, I served the following person(s) and/or entity(ies) by personal delivery, or (for those who consented in writing to such service method), by facsimile transmission, by overnight delivery and/or electronic mail as follows:

☐ Attorney for Debtor (or Debtor), if required:

I declare under penalty of perjury under the laws of the United States of America that the statements made in this proof of service are true and correct.

Executed on _____
(Date)

(Typed Name and Signature)

(Address)

(City, State, ZIP Code)